

STATE OF CONNECTICUT
State Innovation Model
Health Information Technology (HIT) Council
Meeting Summary
Friday, August 21, 2015
10:00-12:00p.m.

Location: Room 1B of the Legislative Office Building, 300 Capitol Avenue Hartford, CT

Members Present: Roderick Bremby; Anne Camp; Anthony Dias; Tiffany Donelson; Ludwig Johnson; Vanessa Kapral; Matthew Katz; Jessica DeFlumer-Trapp; Mike Miller; Mark Raymond; Sheryl A. Turney; Josh Wojcik

Members Absent: Thomas Agresta; Patricia Checko; Michael Hunt; Alan Kaye; Philip Renda; Amanda Skinner; Victor Villagra; Moh Zaman

Other Participants: Michelle Moratti; Vicki Veltri

The meeting was called to order at 10:00am. Commissioner Roderick Bremby and Mark Raymond co-chaired the meeting.

1. Introductions

Commissioner Bremby initiated roll call. Council members announced themselves.

2. Public Comment

There was no public comment.

3. Minutes

Co-chair Mark Raymond motioned to approve the June 19th HIT Council meeting minutes. The motion was seconded by Sheryl Turney and the minutes were approved.

4. HIT Charter Review and Confirmation

Commissioner Bremby reviewed other SIM Work Group Charters in relation to the HIT Council's Charter. At the request of the Health Innovation Steering Committee (HISC), administrative staff formatted the HIT Charter to resemble the charters of other Work Groups. The HIT Charter includes key questions around access, connectivity and exchange, quality, and roles and responsibilities. Matt Katz asked if the information included in the HIT Charter matches the Charter information approved during an earlier HIT Council meeting. Commissioner Bremby confirmed that the Charter content remains largely unchanged except in format, sentence structure, and small modifications to the guiding principles to address the HISC concerns. The Charter's revision aims to be responsive to the HISC while fundamentally resemble the look and feel of other Work Group charters.

Tiffany Donelson asked if the Council is able to deviate from the technology and vendor explicitly outlined in the proposal. Commissioner Bremby said that given the timeline, the Council may need to take parallel paths while validating what is presented. Dr. Tikoo said the Council needs to identify a process for introducing new technologies. Mr. Katz clarified Ms. Donelson's point, citing the discrepancy between the second sentence in the Charter that charges the group with reviewing "current and proposed technologies cited in the SIM Model Test Proposal" and item nine under "Connectivity and Exchange," that asks the

Council to identify a “process for introducing and considering new technology and innovation alternatives to those cited in the SIM proposal.” Commissioner Bremby suggested adding “or others as needed” to the second sentence of the Charter to bridge the two items appropriately.

Mr. Katz motioned for the second sentence in the Charter to be revised to read: *“This work group will review current and proposed technologies cited in the SIM Model Test Proposal or others as needed to understand capabilities and uses for the Test Model, will work collaboratively with the Quality, Practice Transformation, and Equity & Access work groups to develop a high level HIT schema of technologies and data interactions that align SIM initiatives, and will describe the implementation approach/roadmap for recommended technology solutions that are scalable, adaptable, and based on national standards.”* All members approved.

Mr. Katz motioned to recommend the entire revised document to HISC. Jessica DeFlumer-Trapp seconded the motion. The motion was approved unanimously.

5. HIT Environment and Lessons Learned from Other States

Minakshi Tikoo oriented Council members to the State Innovation Model notebook, given as a handout to Council members prior to the start of the meeting. Dr. Tikoo and her team at the University of Connecticut compiled the notebook to give Council members a holistic and document based understanding of the SIM HIT initiative. The notebook contains the SIM Model Test Proposal Narrative and the HIT budget, among other material. Dr. Tikoo highlighted the budget’s reference to direct messaging, which was to maximize provider accessibility, but is not currently confirmed as part of the HIT solution. Mr. Katz asked how striking a line item would impact funding. Dr. Tikoo said the funding would be reallocated to other technologies or to another technology identified by the Council.

Dr. Tikoo reviewed other model test state’s HIT solutions, outlined in the [meeting presentation](#). Dr. Tikoo opened the floor to discussion. Tiffany Donelson asked how Connecticut will use lessons learned by other states who may be farther along in the HIT implementation process. Commissioner Bremby pointed to the differences in the Connecticut HIT environment compared to other states. For example, Connecticut’s All Payer Claims Database (APCD) is in progress. Additionally, Connecticut does not have a Health Information Exchange (HIE). Senate Bill 811 seeks to procure rather than build a HIE. Ludwig Johnson suggested the state consider Commonwealth Health Alliance, a low cost HIE solution. He commented that many vendors are committed to making data interchangeable. Mr. Katz cautioned the group to consider timeframe and budget when examining a Connecticut solution informed by the progress of another state. Dr. Tikoo said their analysis could include information regarding the technology type, the operating budget, and how long the state has been operational. Ms. Donelson asked if there were model state’s identified that Connecticut could look towards for best practices and lessons learned. Commissioner Bremby commented that state information helps to level set. He said states are working towards a basic technological solution for aggregation of data across multiple platforms and are yet to be successful. Mark Raymond urged the group to be cognizant of the key items that allowed model states to make progress. Some states may have broader contracts, more funding, and more time. Ms. Donelson said Connecticut might observe states that are only a few steps ahead in their technological solution to minimize the risk of comparing a Connecticut solution to an unlike environment. Mike Miller said the Council must also look at the true mission and scope of another state’s solution before

measuring its relevance to a Connecticut solution. Anthony Dias noted that other states encountered setbacks and finally arrived at success. He suggested the group examine what works locally for microcosms or systems at the hospital level. These systems could be scaled up to accomplish what Connecticut is trying to achieve.

Dr. Tikoo informed the Council that the SIM HIT team asked CMMI for a two month extension on the December 1st SIM HIT plan due date. Dr. Tikoo encouraged Council members to review the CMMI HIT plan guidance, reviewed at the June 19th Council meeting and available on the Council website, [here](#), under “CMMI Q&A Session Materials for Reference.”

6. PTTF Update on CCIP

Michelle Moratti of The Chartis Group reviewed the Practice Transformation Task Force’s Clinical and Community Integration Program work to date, and the technological considerations for emerging program components. Vicki Veltri asked if Ms. Moratti incorporated the feedback given by HISC members following the CCIP presentation on August 13th. Ms. Moratti confirmed that the HISC feedback was incorporated into the presentation.

Ms. Moratti explained that the CCIP programmatic standards are intended to be included in the Medicaid RFP for shared savings. The goal is to move the patient from the periphery of considerations to the center. The CCIP program will not be exclusively available for Medicaid patients but a broader program to benefit all patients regardless of payer type. Mr. Katz asked what Connecticut plans to do for the HIT solution for the short term verse the long term. Commissioner Bremby suggested the Council consider the short term solution while keeping the long term solution in mind.

7. Quality Council Update

Ms. Moratti gave a brief update of the Quality Council design efforts to date. Dr. Tikoo asked if there was a timeline for the Quality Council’s completion of the measure set. Ms. Moratti said that the end of September is the target date for measure completion. Mr. Katz asked if the Council had an understanding of how diverse the set will be. He asked how the potential vendor can analyze a yet to be finalized measure set in order to accommodate the current October deadline. The Commissioner said the Quality Council is diligently working towards a measure set. Mr. Katz asked if the HIT timeline would be adjusted if the Quality Council was delayed. Additionally, Mr. Katz remarked that the current timeline leaves little time between completion of the Quality Council measure set in September and the October HIT deadline. Ms. Veltri remarked that while the Quality Council is trying to cull and narrow the set of measure, those measures may change and evolve over time. She suggested the Council not hold out for a final set to determine a HIT solution. Ms. Moratti added that the pilot can focus less on priority measures, and more on creating a solution that exists and adapts to a universe of fluid measures. Mr. Raymond added that the Council think of not specific measures, but the type of measures the solution will solve for.

8. Zato Pilot Approach

Ms. Moratti reviewed the interactions between the HIT Council and Zato to date. Mr. Katz remarked that the final round of Zato answers produced more questions for the vendor. To his knowledge, the Council aimed to review their demo of work in a healthcare relevant environment in Springfield, Massachusetts. Ms. Moratti explained that to her knowledge, the Zato pilot and demonstration were happening in parallel and not in sequence. The Council

discussed the benefits of a sequenced versus paralleled approach to the Zato demonstration and solution pilot. Council members expressed concern with starting the pilot before confirming that the solution satisfies healthcare specific technology concerns. Mr. Raymond expressed concern of delaying the pilot launch given the Council's short timeline to stand up the solution. A demo may require deidentifying data and other time consuming processes. He suggested the Council pursue the design of the pilot in conjunction with the demonstration and ultimately use the demonstration as further context in understanding and building the pilot.

Ms. Moratti reviewed the pilot timeline. Mr. Katz asked if the pilot can be launched in September if there is not a clear understanding of the measure set. Commissioner Bremby suggested the use of existing Medicaid measures as a base test to get through the design if the measure work group is still laboring through September.

Mr. Katz motioned for the Council to use the Medicaid measures as a proxy set to test the technological solution if the Quality Council measure set is delayed.

Given the large scope of the pilot, Mr. Raymond suggested the Council not take voting action on each aspect of the pilot. He asked that the minutes state the motion.

Ms. Moratti reviewed the proposed approach to the Zato pilot participation. Dr. Dias suggested that points one, "a workgroup meeting with procurement support to develop RFP specifications" and two, "presentation to HIT in early September for approval," be extended to a later date. Mr. Katz asked if the timeline was most important or having the fundamental foundation. Commissioner Bremby said the Council aims to walk between the two objectives. If the Council finds the measures insufficient to provide a foundation, they would pause.

9. Next Phase Work Group Structure

Ms. Moratti reviewed the proposed next phase of Council work structure. She proposed a close to the HIT Design Group and, consistent with the phased approach, launch a group focused on the Zato Pilot and evaluation of a short term solution, and another group to work on the long term solution. The two groups will feed information relevant to the technology pilot and long term solution to the Council in parallel. Mr. Katz asked who would be evaluating the Zato demonstration to ensure healthcare compatibility. Ms. Moratti suggested representatives from both groups be present. Josh Wojcik asked how the pilot oversight group and the long term solution group will focus their work given the breadth of SIM programmatic technological need. He cited the Quality Council's specific quality measures and the more expansive solution needed for programmatic aspects such as the CCIP work. Ms. Moratti said the pilot will focus on the quality measures to test the boundaries of the longer term solution. The longer term solution will ultimately address the programmatic design input from various Councils.

Ms. Moratti suggested the Council launch the group nomination process. She relayed the parameters of membership. Council members from participating organizations in the Zato Pilot cannot participate in the Pilot Work Group. However, provisional appointments can be made pending confirmation of organization participation in the pilot work group. Nominations for the Technology Pilot Work Group were made:

Technology Pilot Work Group Nominations:

Provider: Anthony Dias nominated by Matt Katz
Consumer: Tiffany Donelson nominated by Matt Katz
Payer: Sheryl Turney nominated by Mike Miller
State: Jessica DeFlumer-Trapp nominated by Matt Katz

Nominations were approved and the slate was finalized. Commissioner Bremby motioned to approve the Technology Pilot Work Group membership slate. Mr. Katz seconded the motion and the slate was approved unanimously.

Technology Pilot Work Group Membership:

Provider: Anthony Dias
Consumer: Tiffany Donelson
Payer: Sheryl A. Turney
State: Jessica DeFlumer-Trapp

Nominations for the Long Term Solution Group were made:

Long Term Solution Group Nominations:

Provider: Michael Hunt provisionally nominated by Matt Katz
Provider: Ludwig Johnson provisionally nominated by Anthony Dias
Consumer: Pat Checko provisionally nominated by Tiffany Donelson
Consumer: Victor Villagra provisionally nominated by Tiffany Donelson
Payer: Mike Miller nominated by Sheryl Turney
State: Mark Raymond nominated by Joshua Wojcik

Nominations were approved and the slate was finalized. Mr. Katz motioned to approve the Long Term Solution Group membership slate. Dr. Dias seconded the motion and the slate was approved unanimously.

Long Term Solution Group Membership:

Provider: Michael Hunt (Provisional)
Provider: Ludwig Johnson (Provisional)
Consumer: Pat Checko (Provisional)
Consumer: Victor Villagra (Provisional)
Payer: Mike Miller
State: Mark Raymond

Ms. Donelson asked how the pilot will inform the long term solution group without duplicate membership between the two work groups. Ms. Moratti explained the membership provision stands to maximize participation of Council members and that PMO staff will serve as a liaison between the two groups and all recommendations are presented to the HIT Council for review.. Dr. Tikoo said that the pilot group will have a limited duration with a very specific function. Dr. Dias said he view the two work group structure as the foundation for the method by which the Council evaluates technologies as it moves forward. Commissioner Bremby suggested the process may be reusable moving through the pilots for Zato, CCIP, and beyond.

10. Next Steps

Mr. Raymond motioned to adjourn the meeting. All members approved and the meeting adjourned.

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